Funding: None.

Competing interests: This review is adapted from a chapter in our book *Caring for Muslim Patients*. Radcliffe Medical Press, 2000.

1 Carlyle T. *On heroes, hero-worship and the heroic in history*. Lincoln: University of Nebraska Press, 1966:49-50.
2 Eaton G. *Islam and the destiny of man*. London: George Allen and Unwin, 1985:242.
3 Muslim Council of Britain. www.mcb.org.uk (accessed 7 Dec 2004).
4 Sarwar G. *Islam: beliefs and teachings*. London: Muslim Educational Trust, 1998:78-81.
5 Sabiq AS. *Fiqh us-sunnah: Hajj and Umrah*. Indianapolis: American Trust Publications, 1992:5.
6 Wolfe M. *The Hadj*. London: Seeker & Warburg, 1994:194-5.
7 Clarke CRA, Clark ML. Environmental medicine. In: Kumar PJ, Clark ML, eds. *Clinical medicine*. London: Ballière Tindall, 1994:756-7.
8 Al Ghamdi SM, Akbar HO, Qari YA, Fathaldin OA, Al-Rashed RS. Patterns of admission to hospitals during Muslim pilgrimage (Hajj). *Saudi Med J* 2003;24:1073-6.
9 Seraj ME. Heat stroke during Hajj (pilgrimage)—an update. *Middle East J Anaesthesiol* 1992;11:407-41.
10 Ghaznawi HI, Ibrahim MA. Heat stroke and heat exhaustion in pilgrims performing the Hajj (annual pilgrimage) in Saudi Arabia. *Ann Saudi Med* 1987;7:323-6.
11 Adam JM. Effect of climatic extremes. In: Dawood R, ed. *Travellers' health*. Oxford: Oxford University Press, 1986:238.
12 Moxham J, Souhami RL, Walker JM. Physical and environmental causes of disease. In: Souhami RL, Moxham J, eds. *Textbook of medicine*. London: Longman, 1990:77-8.
13 Keatinge WR. Environmental factors and disease. In: Ledingham JGG, Warrel DA, eds. *Concise Oxford textbook of medicine*. New York: Oxford University Press, 2000:1904-5.
14 Henahan J. Treating heat stroke in pilgrims to Mecca. *JAMA* 1982;247:3302.
15 Salisbury D, Begg N, eds. *Immunisation against infectious diseases*. London: Stationery Office, 1996:146.
16 Jones DM, Sutcliffe EM. Group A meningococcal disease in England associated with the Haj. *J Infect* 1990;21:21-5.
17 Salisbury D, Begg N, eds. *Immunisation against infectious diseases*. London: Stationery Office, 1996:147-54.
18 Alzeer A, Mashlah A, Fakim N, Al-Sugair N, Al-Hedaithy M, Al-Majed S, et al. Tuberculosis is the commonest cause of pneumonia requiring hospitalization during Hajj. *J Infect* 1998;36:303-6.
19 Al-Harthi ASM, Al Harbi M. Accidental injuries during Muslim pilgrimage. *Saudi Med J* 2001;22:523-5.
20 Khan SA, Bhat AR, Khan LA. Hypoglycaemia in diabetics during Hajj. *Saudi Med J* 2002;23:1548.
21 Figuera E. Diabetes and the pilgrimage of Hajj: piloting of an education programme for Muslim patients with diabetes. *Diabetes Today* 2003;6:41-2.

(Accepted 22 November 2004)

Corrections and clarifications

Randomised controlled trial of an occupational therapy intervention to increase outdoor mobility after stroke
A few errors inadvertently slipped through in this paper by P A Logan and colleagues (11 December, pp 1372-4). In the full (bmj.com) version, in three instances the confidence limits became transposed: in figures 2 and 3 the confidence intervals for the patient's general health questionnaire should have been −3.77 to 1.02 and −3.54 to −1.14 respectively, and in figure 3 the interval for the carer's general health questionnaire should have been −3.28 to 2.41. Errors also occurred in table 2 (full and abridged versions of the paper): the number (proportion) of controls who got out of the house as much as they wanted should have been 31 (38%) at four months and 29 (35%) at 10 months; the numbers needed to treat at these two stages were 3.7 and 3.8 respectively.

Systematic review of lipid lowering for primary prevention of coronary heart disease in diabetes
It's never too late to alert us to an error. The authors of this paper published nearly two years ago (Apoor S Gami and colleagues) recently noticed an error in their article (*BMJ* 2003;326:528-9). In the table, the number of diabetic patients randomised in the WOSCOPS trial should read 76 (not 1037, as was stated). The authors state that the results and conclusions of their systematic review were not affected by this error.

Retraction of correction
The *BMJ* was wrong to have published the correction (1 January, p 41) to Abi Berger's review of the *Dispatches* television programme "MMR: What they didn't tell you" (*BMJ* 2004;329:1293). Her original statement that the results of a study conducted by Dr Nick Chadwick "were not made public" was in fact correct; we are therefore retracting the correction.

A memorable patient

With a serene face

An 82 year old Chinese woman, a Buddhist, with a recurrent carcinoma of the stomach had been cared for by our hospice home care team for two months. On 8 August, she complained of increased pain in her back, and her condition had deteriorated considerably. After a discussion with her daughter, a Catholic nun working as a hospice nurse, we decided to give her morphine every six hours instead of simply increasing her existing codeine dose. A single dose was given at 12 35 pm, and the patient died that evening.

Having recently had a similar incident with morphine, when the patient's family reacted badly to the sudden death of their loved one, I was apprehensive when the patient's daughter asked to see me 10 days later. To my relief, she came with a thankyou card and a donation. When I asked her whether she was surprised that her mother had died after a single dose of morphine, she said no and told me something that was an eye opener. She said that she had spoken a few times with her mother about "letting go" as her condition worsened, but her mother had said, "How can I go when I am in pain?"

Being a Buddhist, she believed in dying with a serene face, and her daughter told me, "The morphine relieved her pain, and she left peacefully." She also said that her mother had wanted to die before 16 August, when the seventh Chinese month ("Hungry Ghosts month") began, and had wanted a seven day funeral. So she went when she was at peace, and her funeral could be completed on 15 August.

Ramaswamy Akhileswaran *medical director, Hospice Care Association, Singapore* (akhileswaran@hotmail.com)

We welcome articles up to 600 words on topics such as *A memorable patient, A paper that changed my practice, My most unfortunate mistake,* or any other piece conveying instruction, pathos, or humour. Please submit the article on http://submit.bmj.com Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for "Endpieces," consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.